UHA
HEALTH INSURANCE

Pulse Oximeter for Children

I. Policy

University Health Alliance (UHA) will reimburse for pulse oximeters for children when it is determined to be medically necessary and when it meets the medical criteria guidelines (subject to limitations and exclusions) indicated below.

II. Criteria/Guidelines

A. Home pulse oximeters are covered (subject to Limitations/Exclusions and Administrative Guidelines) when the child has one of the following conditions:

1. Chronic lung disease that requires supplemental oxygen; or

2. Primary pulmonary hypertension; or

3. Cardiovascular disease that requires oxygen; or

4. Neuromuscular weakness that requires home ventilator or other positive pressure ventilatory support.

B. Coverage of a pulse oximeter for other indications will be considered on a case-by-case basis.

NOTE:

This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or members' individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.

III. Limitations/Exclusions

A. Use of a pulse oximeter for the following conditions does not meet payment determination criteria and will not be covered by UHA:

1. **Asthma:** Using a pulse oximeter for monitoring oxygen saturation in asthmatics is not recommended according to the National Institutes of Health. There have been no studies that demonstrate that pulse oximetry is a sufficiently valid monitoring system during acute asthma exacerbations.

2. **Obstructive sleep apnea:** The sensitivity and negative predictive value of pulse oximetry is not adequate to rule out obstructive sleep apnea in patients with mild to moderate symptoms. A polysomnogram is required to confirm or exclude the diagnosis of obstructive sleep apnea, regardless of the results of pulse oximetry screening.

IV. Administrative Guidelines

A. Prior authorization is required.

B. To request prior authorization, please submit via UHA's online portal. If a login has not been established, you may contact UHA at 808-532-4000 to establish one.

C. Prior authorization will be given for three months. Documentation must include:

1. Age of the patient;

2. Patient's condition (including pertinent diagnosis codes);

3. Caregiver training in the use of the pulse oximeter (i.e., who had been or will be trained and by whom);

4. A prescribed response plan to changes in saturation (e.g., increase/decrease oxygen flow rate, additional chest PT/suctioning, inhalation treatment, check temperature, call physician, take patient to ER, etc.), and assurance that caregivers know the response plan;

5. O2 saturation levels and patient treatment plan including a hospital discharge summary and respiratory therapy assessment. The documentation must show that the patient becomes hypoxic with oxygen saturation levels less than 90 percent.

D. Requests for extension of therapy require prior authorization, reassessment of the patient, and documentation from the medical record of ongoing oxygen needs.

HCPCS Code	Description
E0445	Oximeter device for measuring blood oxygen levels non-invasively
A4606	Oxygen probe for use with oximeter device, replacement

V. Policy History

Policy Number: MPP-0066-120301

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